

207F ESA - First Installment

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207F ESA

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies
(Rev. 1/04)

For Calendar Year Ending

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207F, Line 15 ▶	1.		
	2.	Multiply Line 1 by 30% ▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter amount from Schedule 1, Line 5 (on back) ▶	3.		
Federal Employer ID Number ▶	4.	Enter the lesser of Line 2 or Line 3 ▶	4.		
	5.	Enter overpayment from prior year applied to estimated tax for current year ▶	5.		
	6.	Payment due with this coupon (Subtract Line 5 from Line 4) ▶	6.		

Please change
name or
mailing
address, or
both,
if shown
incorrectly
at right

Due Date:

March 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESB - Second Installment

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207F ESB

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies
(Rev. 1/04)

For Calendar Year Ending

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207F, Line 15 ▶	1.		
	2.	Multiply Line 1 by 60% ▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter amount from Schedule 1, Line 5 (on back) ▶	3.		
Federal Employer ID Number ▶	4.	Enter the lesser of Line 2 or Line 3 ▶	4.		
	5.	Enter amount paid with Form 207F ESA plus overpayment from prior year applied to estimated tax for current year ▶	5.		
	6.	Payment due with this coupon (Subtract Line 5 from Line 4) ▶	6.		

Please change
name or
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address, or
both,
if shown
incorrectly
at right

Due Date:

June 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESC - Third Installment

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207F ESC

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies
(Rev. 1/04)

For Calendar Year Ending

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207F, Line 15 ▶	1.		
	2.	Multiply Line 1 by 80% ▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter amount from Schedule 1, Line 5 (on back) ▶	3.		
Federal Employer ID Number ▶	4.	Enter the lesser of Line 2 or Line 3 ▶	4.		
	5.	Enter amount paid with Form 207F ESA and Form 207F ESB plus overpayment from prior year applied to estimated tax for current year ▶	5.		
	6.	Payment due with this coupon (Subtract Line 5 from Line 4) ▶	6.		

Please change
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at right

Due Date:

September 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESD - Fourth Installment

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

207F ESD

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies
(Rev. 1/04)

For Calendar Year Ending

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207F, Line 15 ▶	1.		
	2.	Enter amount from Schedule 1, Line 5 (on back) ▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter the lesser of Line 1 or Line 2 ▶	3.		
Federal Employer ID Number ▶	4.	Enter amount paid with Form 207F ESA, Form 207F ESB, and Form 207F ESC plus overpayment from prior year applied to estimated tax for current year ▶	4.		
	5.	Payment due with this coupon (Subtract Line 4 from Line 3) ▶	5.		

Please change
name or
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address, or
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if shown
incorrectly
at right

Due Date:

December 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits* and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2004 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1		
1	Enter estimated insurance premiums tax due for calendar year 2004 prior to the application of guaranty association assessment credits and general business tax credits.	00
2	Multiply Line 1 by 70% (.70)	00
3	Enter estimated general business tax credits against insurance premiums tax due for calendar year 2004. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1	00
5	Multiply Line 4 by 27% (.27)	00

207F ESA Back (Rev. 1/04)

Who Must File This Coupon

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Schedule 1		
1	Enter estimated insurance premiums tax due for calendar year 2004 prior to the application of guaranty association assessment credits and general business tax credits.	00
2	Multiply Line 1 by 70% (.70)	00
3	Enter estimated general business tax credits against insurance premiums tax due for calendar year 2004. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1	00
5	Multiply Line 4 by 54% (.54)	00

207F ESB Back (Rev. 1/04)

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits* and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2004 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1		
1	Enter estimated insurance premiums tax due for calendar year 2004 prior to the application of guaranty association assessment credits and general business tax credits.	00
2	Multiply Line 1 by 70% (.70)	00
3	Enter estimated general business tax credits against insurance premiums tax due for calendar year 2004. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1	00
5	Multiply Line 4 by 72% (.72)	00

207F ESC Back (Rev. 1/04)

Who Must File This Coupon

Each foreign or nonresident insurance company carrying on an insurance business in Connecticut whose insurance premiums tax, **after** the application of *guaranty association assessment credits* and *general business tax credits* (as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*), for calendar year 2004 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1		
1	Enter estimated insurance premiums tax due for calendar year 2004 prior to the application of guaranty association assessment credits and general business tax credits.	00
2	Multiply Line 1 by 70% (.70)	00
3	Enter estimated general business tax credits against insurance premiums tax due for calendar year 2004. (May not exceed amount entered on Line 2)	00
4	Subtract Line 3 from Line 1	00
5	Multiply Line 4 by 90% (.90)	00

207F ESD Back (Rev. 1/04)

Required Annual Payment

For estimated insurance premiums tax purposes, a foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2004 Form 207F (**after** the application of guaranty association assessment credits and general business tax credits); or
- 100% of the tax shown on its 2003 Form 207F, Line 15.

Required Annual Payment

For estimated insurance premiums tax purposes, a foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2004 Form 207F (**after** the application of guaranty association assessment credits and general business tax credits); or
- 100% of the tax shown on its 2003 Form 207F, Line 15.

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For estimated insurance premiums tax purposes, a foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2004 Form 207F (**after** the application of guaranty association assessment credits and general business tax credits); or
- 100% of the tax shown on its 2003 Form 207F, Line 15.

Required Annual Payment

For estimated insurance premiums tax purposes, a foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2004 Form 207F (**after** the application of guaranty association assessment credits and general business tax credits); or
- 100% of the tax shown on its 2003 Form 207F, Line 15.